

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <i>10/194495</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51		
2	/					52		
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48						98		
49						99		
50						100		
Total Indep	<i>2</i>					Total Indep		
Total Depend	<i>2</i>					Total Depend		
Total Claims	<i>4</i>					Total Claims		

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